

NOTE: Your request will not be processed unless you are registered with eKASPER.

To verify your status as a requestor or for assistance with the registration process, please contact the Help Desk by email [to eKASPERHelp@ky.gov](mailto:to_eKASPERHelp@ky.gov) or by phone at 502-564-2703.

To apply for eKASPER access, go to
<https://ekasper.chfs.ky.gov/accessrequest/accessrequest.aspx>

To be approved for an account, you must complete a two-part process:

1. Fill in the required information on-line.
2. Print out your hard-copy application and sign it along with the Terms of Account Use Agreement. You will have both documents notarized and then mail them, with photocopies of your credentials, to the address provided.

Please PRINT or TYPE Information on all lines

Subject Name _____ <small>First Last</small>	Date Range for Report From _____ To _____ <small>mm dd yyyy mm dd yyyy</small>
Address _____ City _____, <small>State</small> _____ Zip _____	_____ <small>Law Officer's Badge Number or Employee ID</small>
ID _____ <small>ID Type (check one): <input type="checkbox"/> SSN <input type="checkbox"/> Drivers License</small>	Officer's Name _____
DOB _____ / _____ / _____ <small>mm dd yyyy</small>	Fax Back Number _____
Is/was the subject known by other names? <input type="checkbox"/> Other Names *	Case Number _____ <small>Required for Law Enforcement Requests</small>
Does/did the subject have other addresses? <input type="checkbox"/> Other Addresses **	

* Other Names (check Other Names box, above)

1. _____
First Last

2. _____
First Last

3. _____
First Last

** Other Addresses (check Other Addresses box, above)

1. _____

2. _____

By signing this request, I hereby certify that I am authorized to receive the requested data and that the information requested will be used only for the purpose of aiding an ongoing drug investigation of the subject whose records are requested in accordance with the criteria in KRS 218A.202(6)(a)-(g).

Requestor's Signature

Supervisor's Signature

Requestor Work Location Details

Work Station Address

Work Station City, State Zip

Work Station Telephone #

Supervisor's Name (Please print)

For KASPER Staff Only

Limit 15 Requests
per Fax



Cabinet for Health and Family Services

Office of Inspector General / Division of Fraud, Waste & Abuse
Drug Enforcement and Professional Practices Branch
275 East Main Street 5ED
Frankfort, KY 40621 Phone 502-564-7985

Fax 502-696-3880

